

FWR REQUEST FOR PROPOSAL

TO BE COMPLETED BY FACILITIES OFFICE PERSONNEL

FWR NUMBER: _____

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NEW FWR

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MODIFICATION TO FWR

1. TECHNICAL MONITOR:

2. PHONE NUMBER:

3. REQUEST DATE:

4. BRIEF DESCRIPTION:

5. PROPOSAL DUE DATE: (Check approximate category)

NOTE: Government's ROM is not binding.

	ESTIMATED VALUE OF FWR/DO	SCHEDULE	PROPOSAL DUE DATE
<input type="checkbox"/>	Under \$10,000	5 Working Days	
<input type="checkbox"/>	\$10,000 to \$25,000	10 Working Days	
<input type="checkbox"/>	\$25,000 to \$200,000	15 Working Days	
<input type="checkbox"/>	\$200,000	20 Working Days	

TO BE COMPLETED BY CONTRACTOR

6. PROPOSAL PREPARER:

7. PHONE NUMBER:

8. PREPARATION DATE:

9. INITIAL PROPOSAL AMOUNT:

10. NEGOTIATED PROPOSAL AMOUNT:

11. CHECK APPROPRIATE PRICING CLASSIFICATION:

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PRE PRICED WORK

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FIXED LABOR RATES

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UNIT PRICE BOOK

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SUBCONTRACTOR SPECIALTY SERVICES

12. PROPOSED PERIOD OF PERFORMANCE: (Check appropriate category)

	AMOUNT OF FWR/DO	SCHEDULE	PROPOSED PERIOD OF PERFORMANCE
<input type="checkbox"/>	Less than \$5,000	20 Working Days	
<input type="checkbox"/>	\$5,001 to \$15,000	25 Working Days	
<input type="checkbox"/>	\$15,001 to \$25,000	30 Working Days	
<input type="checkbox"/>	\$25,001 and Over	Negotiated on Individual Basis	

FWR ISSUANCE OF WORK

TO BE COMPLETED BY FACILITIES OFFICE PERSONNEL

13.

WORK IS HEREBY ISSUED FOR THE FIRM FIXED PRICE AMOUNT OF \$ _____
AND THE SCHEDULED COMPLETION DATE OF _____

14. DELIVERY ORDER NUMBER:

H - _____ D

15. 24-DIGIT FUND CODE:

16. ☐ APPROVED

☐ DISAPPROVED

17. SIGNATURE OF APPROVING OFFICIAL:

18. DATE:

19. REASON FOR DISAPPROVAL:

20. PERFORMANCE INSPECTOR:

FWR SURVEILLANCE REPORT

ALL INFORMATION TO BE COMPLETED BY FACILITIES OFFICE

DELIVERY ORDER NUMBER: _____ D
H-

FWR NUMBER: _____

☐ NEW

☐ MODIFICATION

1. SURVEILLANCE PERFORMED BY (NAME):

2. PHONE NUMBER:

3. SURVEILLANCE COMPLETION DATE:

4. DETAILED SURVEILLANCE FINDINGS:

5. LIQUIDATED DAMAGES IN ACCORDANCE WITH CONTRACT CLAUSE E.5:

Failure to satisfy FWR/DO requirements by completion dates specified on FWR/DO.	*Subtract _____% from total FWR/DO amount.
Failure to avoid unplanned disruptions to building occupants during work performance.	*Subtract _____% from total FWR/DO amount.
Failure to provide FWR/DO submittals per contract requirements.	*Subtract _____% from total FWR/DO amount.
Failure to provide adequate reporting per requirements listed in contract.	*Subtract _____% from total FWR/DO amount.

TOTAL AMOUNT DEDUCTED FROM CONTRACTOR'S INVOICE: \$ _____

6. COSS TECHNICAL MONITOR:

7. PHONE NUMBER:

8. DATE:

FUNDING INFORMATION

9. BLANKET DELIVERY ORDER NUMBER:

10. AMOUNT TO BE ADDED BACK INTO BLANKET DELIVERY ORDER:

11. PROJECT MANAGER/RESIDENT MANAGER:

12. PHONE NUMBER:

13. DATE:

14. FACILITIES REVIEW:

15. PHONE NUMBER:

16. DATE:

APPROVAL

16. ☐ APPROVED
☐ DISAPPROVED

17. SIGNATURE OF APPROVING OFFICIAL:

18. DATE:

19. REASON FOR DISAPPROVAL: